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# Crossover Web Portal Claim Submission

For the CMS 1500 Claims  
**WPXCMS200-09**

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Welcome to the WebEx training session for The Crossover Web Portal Claim Submission for the CMS 1500 claims. Before participating in this session the following pre-requisite are required:

1. CMSWP101-09 [submission of CMS 1500 via GHP Web Portal]
2. UB04101-0 [submission of UB04 via GHP Web Portal]
3. Must be a registered user

## Learning Objectives

- ☐ Set up Crossover CMS 1500 Web Claim
- ☐ Add Claim Data
- ☐ Add Medicare information from EOMB
- ☐ Add Insurance Data
- ☐ Add Line Item Data
- ☐ Submit your completed Medicare/Medicaid EOMB information

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## Topics of Discussion

- ☐ The Explanation of Medicare Benefits (EOMB)
- ☐ A CMS 1500 Crossover Claim
- ☐ Claim Data Tab
- ☐ Insurance Data Tab
- ☐ Line Item Data Tab

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## Explanation of Medicare Benefits

Explanation of Medicare Benefits (EOMB) is a notice/report that is sent to the physician after a claim has been originally filed with Medicare.

The EOMB indicates the procedure codes billed, the Medicare allowed amount, the Medicare paid amount and the patient responsibility.

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## Explanation of Medicare Benefits (continued)

The following information is required:

- ☐ The Member's Medicare EOMB
- ☐ The Adjustment Reason Codes from the EOMB
- ☐ The EOMB Payer Identifier (Carrier Code)

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You can find the carrier code for the member by checking member eligibility in the Coordination of Benefits section. You will only need the last four digits of the carrier code (payer identifier) listed.

If you don't see the carrier's name listed on the eligibility screen in MMIS, locate it on the GHP Web Portal: go to the **Provider Information Tab**, click the **Documents and Forms Portlet**, scroll down to **COB Carrier Listing Alpha**.

## Before You Get Started: Medicaid Policy

It is very important that you read and understand Medicaid policy, please refer to the following:

- ☐ Medicaid Secondary Claims User Guide Version 4.0.
- ☐ Part I Policies and Procedures/Billing Manual
  - ☐ Section 202, 204 and Chapter 300
  - ☐ Appendix L Billing Manual - Coordination of Benefits for Secondary Claim Submission

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## Before You Get Started: Resources

- ☐ Explanation of Medicare Benefits
- ☐ EOMB Payer Identifier (Carrier Codes)
- ☐ Adjustment Reason Codes

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## Claims Menu: Professional

**Enter a Claim**

for processing. Once the claim is submitted, the claim status will be updated.

[CMS 1500 Professional Appraisal/Central](#)

**Void a Claim**

Void a past or to-be-past claim.

[Void a Claim](#)

**Submit Batch File**

**Submit Batch File**

Submit a HIPAA-formatted batch file for processing. Batches may be submitted for claims, eligibility, or any type of file formatted per HIPAA specifications.

[Submit a Batch](#)

**Prior Authorization / Pre-Certification**

**Prior Authorization / Pre-Certification**

To request a Prior Authorization (PA) or check the status of an existing PA, please select the appropriate link provided below.

[Request a Prior Authorization](#)

[View Prior Authorization/Rejection Management Status](#)

[Request a PASPR Assessment](#)

[Request a Withdrawal/PAW Prior Authorization](#)

**Payment History**

**View a Claim**

**View a Claim**

Check the status of a previously submitted claim using the Transaction Control Number, bill type, or a claim service date range.

[View Claim Status](#)

**Procedure Code Lookup**

**Procedure Code Lookup**

Find the detailed description for a procedure code, including gender, age, and prior authorization information.

[View Procedure Code Information](#)

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Within Enter a Claim portlet, click CMS 1500 Professional.



# Claim Data

The screenshot shows the AMA website's 'Claims Data' section. The page is titled 'Claims Data' and includes a navigation bar with links like 'Home', 'About Us', 'Contact Us', 'Help', 'Privacy Policy', 'Terms of Use', 'Site Map', 'Feedback', 'Help', 'Privacy Policy', 'Terms of Use', 'Site Map', 'Feedback'. The main content area is divided into several sections: 'Member Information', 'Practitioner Claim Data', and 'Payer Information'. The 'Member Information' section includes fields for Member ID, Patient Account Number, Date of Birth, Gender, Last Name, First Name, MI, Suffix, Date of Death, Patient Image, and Insured Group or Policy Number. The 'Practitioner Claim Data' section includes fields for Billing Provider ID, Rendering Provider ID, Rendering Medicare ID, Signature on File, Referral Number, Supervising Provider ID, Discharge Date, and Discharge Reason. The 'Payer Information' section includes fields for Insurance Company Name, Medical Provider Code, Payer Identification, Payer Responsibility Sequence Number, and Payer Name. A red box highlights the 'Payer Responsibility Sequence Number' field. A red arrow points from the 'Next' button to the 'Payer Responsibility Sequence Number' field.

**Payer Responsibility Sequence Number**

**Next**

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1. Enter all required fields.
  - If the claim is for dates of service prior to 05/22/08, you will need to enter the Medicare legacy number under the Rendering Medicare ID.
  - Select **Secondary** from the drop down box in the **Payer Responsibility Sequence Number** portlet.
2. Click number **2** or **Next.**

If the claim is for dates of service prior to 05/22/08, you will need to enter the Medicare legacy number under the Rendering Medicare ID.

# Insurance Data

Home Provider Information Member Information Directories My Workspace Claims Eligibility

Search Search  GO Medicaid • PeachCare for Kids Return to Claims >

Claim Data Insurance Data Line Item Data

You must click the "Add Insurance Data" button for every payer you enter before you move to the next page, or the payer information will be lost.

**Insurance Information**

Insurance Company Name: Medicare Insured's Group Name:

Insurance Group or Policy Number:  Rendering Provider Number:

Insured's Last Name: Evie Insured's First Name: Huertas MI:  Suffix:

Amount Paid: 45.00 Date Insurance Paid/Denied: 07/28/2009

Authorization Number:  Individual Relationship Code: 18 Self

Cancel Add Insurance Data \* denotes required field Previous 1 2 3 Next

**Payer View Area**

Previous 1 2 3 Next

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**Add Additional Detail to Payer**

Slide 9

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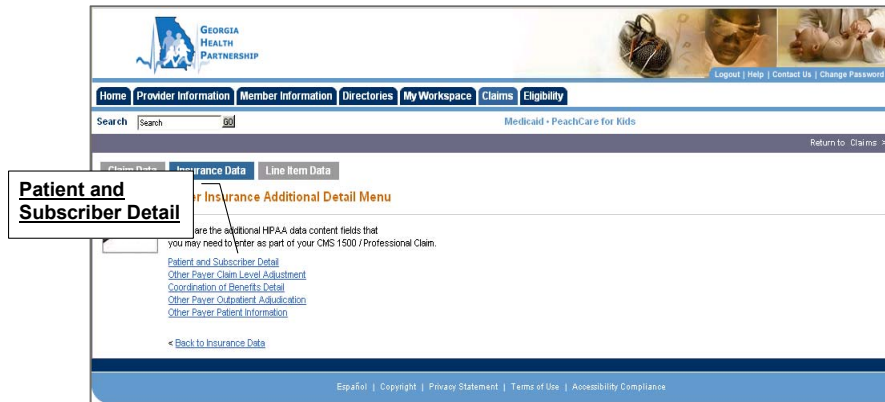
Within the **Insurance Data** portlet:

1. Enter all required fields.
  - Insurance Company Name
  - Insurer First and Last Name
  - Amount Paid
  - Date Paid/Denied
2. Click **Add Additional Details to Payer.**

## **Important**

If you are attempting to bill just for the member's co-pay only enter the paid amount of the Primary Insurance EOMB. If the Medicare payer pays an amount equal to or more than the Medicaid maximum allowable, there is no additional benefit available from Medicaid.

# Insurance Data: Other Insurance Additional Detail Menu



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Within the **Insurance Data** portlet, click **Patient and Subscriber Detail**.

# Insurance Data: Patient and Subscriber Detail

Home Provider Information Member Information Directories My Workspace Claims Eligibility

Search Search Go Medicaid - PeachCare for Kids Return to Claims >

Claim Data Insurance Data Line Item Data Instructions Medicare Crossover Instructions

**Patient and Subscriber Detail**

**Patient**

Patient Primary Identifier:

**Other Subscriber**

\* Payer Responsibility Sequence Code: P Primary Insured Date of Birth:  ☒ Insured Gender: ☐ Male ☐ Female ☐ Unknown

Insurance Type Code: MB Medicare Part B

Claim Filing Indicator Code: MB Medicare Part B

Subscriber Address 1:

Subscriber Address 2:

City:  State: GA ZIP Code:

Country:

Other Insured Identifier:

Back Add to Claim and Return to Detail Menu Add to Claim and Return to Claim Entry \* denotes required field

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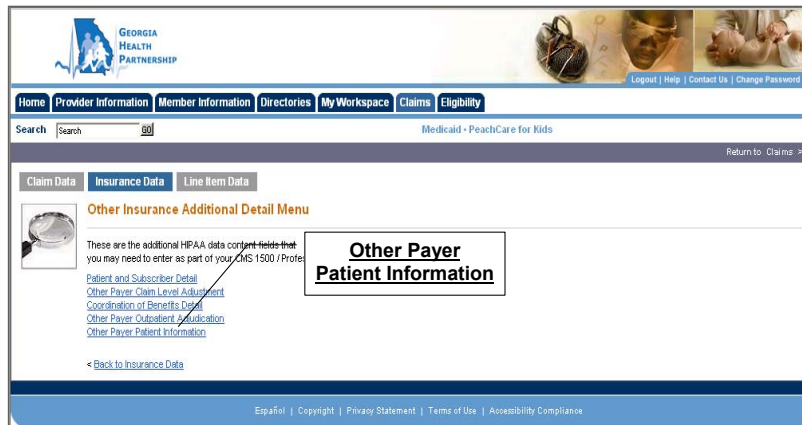
Slide 11

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Within the **Patient and Subscriber Detail** portlet:

1. Enter required fields:
  - Payer Responsibility Sequence Code
  - Insurance Type Code
  - Claim Filing Indicator Code
2. Click **Add to Claim and Return to Detail Menu**. This takes you back to the **Other Insurance Additional Detail Menu** page.

## Insurance Data: Other Insurance Additional Detail Menu



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Within the **Other Insurance Additional Detail Menu** portlet, click **Other Payer Patient Information**. This takes you to Other Payer Patient Information portlet.

## Other Patient Payer Information

Home Provider Information Member Information Directories My Workspace Claims Eligibility

Search Search go Medicaid - PeachCare for Kids

Return to Claims >

Claim Data Insurance Data Line Item Data

[Instructions](#)  
[Medicare Crossover Instructions](#)

### Other Payer Patient Information

**Payer**

\* Payer Identifier: 00511

Other Payer Last or Organization Name:

**Patient**

Other Payer Patient Primary Identifier:

Reference Identification Qualifier:

Other Payer Patient Secondary Identifier:

Reference Identification Qualifier:

Other Payer Patient Secondary Identifier:

Reference Identification Qualifier:

Other Payer Patient Secondary Identifier:

[Back](#) [Add to Claim and Return to Detail Menu](#) [Add to Claim and Return to Claim Entry](#) \* denotes required field

**Add to claim and Return to Claim Entry**

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Under Other Payer Patient Information portlet:

1. Enter **Payer Identifier/Carrier Code.**
2. Click **Add to Claim and Return to Claim Entry.**

# Add Insurance Data

Home Provider Information Member Information Directories My Workspace Claims Eligibility

Search Search 99 Medicaid - PeachCare for Kids Return to Claims >

Claim Data Insurance Data Line Item Data

[Instructions](#)  
[Medicare Crossover Instructions](#)

You must click the "Add Insurance Data" button for every payer you enter before you move to the next page, or the payer information will be lost.

**Insurance Information**

Insurance Company Name: Medicare Insured's Group Name: [Add Additional Detail to Payer](#)

Insurance Group or Policy Number: Rendering Provider Number:

Insured's Last Name: Evie Insured's First Name: Huertas Mt: Suffix:

Amount Paid \$: 45.00 Date Insurance Paid/Denied: mm/dd/yyyy 07/28/2009

Authorization Number: Individual Relationship Code: 18 Self

\* denotes required field [Previous](#) [1](#) [2](#) [3](#) [Next](#)

**Payer View Area**

**Add Insurance Data**

[Previous](#) [1](#) [2](#) [3](#) [Next](#)

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1. Enter Insurance Information.
2. Click **Add Insurance Data**.

## Important

You must click **Add Insurance Data** for every payer you enter before you move to the next page.

# Verification of Insurance Data

GEORGE HEALTH PARTNERSHIP

Home | Provider Information | Member Information | Directories | My Workspace | **Claims** | Eligibility

Search [Search] [GO] Medicaid - Provider Use For Bids

Return to: Create

Claims Data | **Insurance Data** | Link Back Data

You must click the "Add Insurance Data" button for every payer you enter before you move to the next page, or the payer information will be lost.

**Insurance Information**

Insurance Company Name: [ ] Insurer's Group Name: [ ] Add Additional Detail to Payer  
Insurance Group or Policy Number: [ ] Rendering Provider Number: [ ]  
Insurer's Last Name: [ ] Insurer's First Name: [ ] MI: [ ] Suffix: [ ]  
Amount Paid: [ ] Date Insurance Paid/Entered: [ ]  
Authorization Number: [ ] Individual Relationship Code: [ ]

Cancel Add Insurance Data \* denotes required field Previous 1 2 3 Next

**Payer View Area**

**United Health Insurance Company** - XXXXXXXXXX  
Insurance Company Name: United Health Insurance Company  
Insurance Group or Policy Number: XXXXXXXXXX  
Insurer's Last Name: Doe  
Amount Paid: \$45.00  
Authorization Number: [ ]  
Additional Detail has been added: Yes Review Payer Detail Remove Payer Edit Payer Information

Insurer's Group Name: [ ]  
Rendering Provider Number: [ ]  
Insurer's First Name: JANE MI Suffix: [ ]  
Date Insurance Paid/Entered: 02/22/2006  
Individual Relationship Code: 10 Child

Previous 1 2 3 Next

Recruit | Copyright | Privacy Statement | Terms of Use | Accessibility Compliance

Yes

Next

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1. View all payer or payers information under **Payer View Area**.
2. Make sure you see Yes where **Additional Detail has been added** is displayed.
3. Edit if needed under **Edit Payer Information** portlet.
4. Any additional supplemental insurance policy information will need to be inputted.
5. Click the number **3** or **Next**.



## Line Item Data

**Georgia Health Partnership**

Home | Provider Information | Member Information | Diagnostics | My Workspace | Claims | Eligibility

Search [Search] Member - Provider - Fee Rate

**Line Item Data**

You must click the "Add Line Item" button for every line you enter before you move to the next page, or the line will be lost.

**Detailed Line Item**

Diagnosis Code: 312.82

Line Item Control Code: [Field]

Place of Service: 11 Office

Procedure Code: 90004

Units of Service: 1

Referring Provider ID: [Field]

From Date of Service: 02/09/2008

Through Date of Service: 02/09/2008

Diagnosis Code Indicator 1: 312.82

Diagnosis Code Indicator 2: [Field]

Diagnosis Code Indicator 3: [Field]

Diagnosis Code Indicator 4: [Field]

Charge Amount: 120.00

Emergency: Yes No

Family Planning: Yes No

Health Check: Yes No

**Summary View Area**

Total Charges: \$ 0.00

[Previous Claim](#)

[Add Additional Detail to Line](#)

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1. Enter all required fields:
  - Place of Service
  - Procedure Code
  - Units of Service
  - Date Range
  - Diagnosis Code Indicator
  - Charge Amount
2. Click **Add Additional Details to Line**.

### Important

If you are billing just for the member's co-payment, enter the co-payment amount in the **Charge Amount** field.

## Line Item Data: (continue)

The screenshot shows the Georgia Health Partnership website. The top navigation bar includes links for Home, Provider Information, Member Information, Directories, My Workspace, Claims, and Eligibility. Below this is a search bar and a link to Medicaid - PeachCare for Kids. The main content area is titled 'Line Item Data' and contains a section for 'Additional Line Detail Categories'. A callout box points to the link 'Other Payer Line Adjudication and Service Adjustment' within this list.

**Other Payer Line Adjudication and Service Adjustment**

These are the additional HIPAA data content fields that you may need to enter as part of your CMS-1500 / Professional Claim.

- [Prior Authorization / Referral Number](#)
- [Referring / Rendering Provider](#)
- [Service Facility Location](#)
- [Other Payer Line Adjudication and Service Adjustment](#)
- [Clinical Laboratory Information Act, UPH, Tax, and Postage Detail](#)
- [Services](#)
- [Ambulance Transport](#)
- [Home Oxygen Therapy](#)
- [QMERG Condition Indicator](#)
- [Certificate and Test Data](#)
- [Drugs and Prescription Data](#)
- [Health Care Services Delivery](#)
- [Form ID Code and Supporting Documentation](#)
- [Miscellaneous Line Item Data Information](#)

[Back to Line Item Data](#)

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Within the **Line Item Data** portlet, click **Other Payer Line Adjudication and Service Adjustment**.

## Line Item Data: (continue)

**Line Adjudication**

Other Payer Primary Identifier: 00011  
 Service Line Paid Amount: 40.00  
 Approved Amount: 70.00  
 Procedure Code: 99214  
 Modifier:   
 Paid Service Unit Count:   
 Bundled Line Number:   
 Line Adjudication Date: mm/dd/yyyy

**Service Adjustment**

Claim Adjustment Group Code	Adjustment Reason Code - Line Level	Adjustment Amount \$	Adjustment Quantity	Action
Contractual Obligations	45	\$50.00		Add Rebate Removal
Patient Responsibility	2	\$20.00		

**Add to Claim and Return to Claim Entry**

Slide 18

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### Within the Line Item Data

- Enter all required fields: (This is where you will do a breakdown of each line from your EOMB)
  - Line Adjudication including: Other Payer Identifier, Service Line Paid Amount, Approved (allowed) Amount
  - Service Adjustment including: Claim Adjustment Group Code, Adjustment Reason Code, Adjustment Amount (Slide 19 - provides a few examples of the Adjustment Reason Codes)
- Click **Add** to populate to the web screen when complete.
- Click **Add to Claim and Return to Claim Entry** and continue on to Slide 24. If you need to enter NDC, Serial Numbers, etc: click **Add to Claim and Return to Detail Menu** and continue to Slide 22 for details.

### Important: Co-insurance Amounts

If you are billing just for the Member's co-insurance amount, enter the paid amount in the **Service Paid Amount** field and approved amount in the **Approved Amount** field.

## Adjustment Reason Codes

Adjustment reason codes are located on the explanation of benefits from Medicare. These codes are needed to correctly enter a EOMB or crossover claim.

Frequently used adjustment reason codes:

- ☐ 1 Deductible Amount
- ☐ 2 Co-insurance Amount
- ☐ 3 Co-payment Amount
- ☐ 45 Charges exceed your contracted/legislated fee arrangement
- ☐ 96 Non-covered charge(s)

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If the adjustment reason code is not listed on the EOMB access the HIPPA website:  
[www.wpc-edi/codes](http://www.wpc-edi/codes).

To obtain the adjustment reason code needed, which should reflect on the EOMB:  
[www.wpc-edi/codes](http://www.wpc-edi/codes).

## EOMB Payer Identifier (Carrier Code)

- ☐ 00510 Alabama BS (Cahaba GBA)
- ☐ 00511 Alabama BS (Cahaba GBA)
- ☐ 00512 Alabama BS (Cahaba GBA) Svs Options
- ☐ 00590 Florida BS (Florida First Coast Svs Options)
- ☐ 00591 Florida BS (Florida First Coast)
- ☐ 00820 Noridian Administrative Services
- ☐ 00824 Noridian Administrative Services
- ☐ 66001 Noridian Administrative Services
- ☐ 00880 Palmetto GBA (SC BS)
- ☐ 00882 Palmetto GBA (SC BS)
- ☐ 00900 Trailblazer Health Enterprises
- ☐ 05440 Connecticut General Life (CIGNA)
- ☐ 05535 Connecticut General Life (CIGNA)

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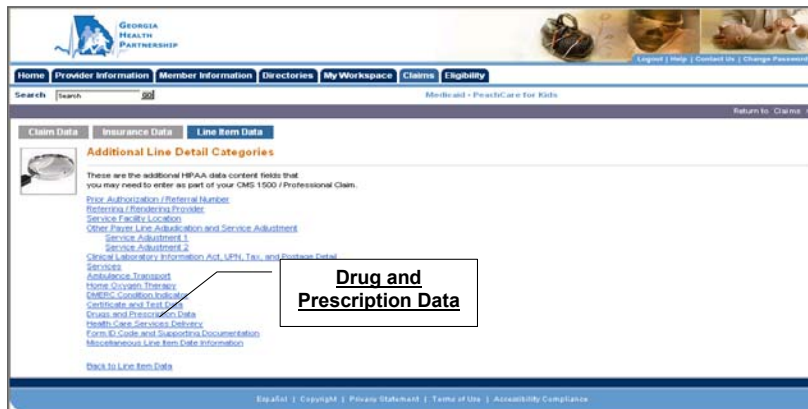
## Instructions to Enter Injectable Drugs/NDC

To enter Injectable Drugs/NDC information follow instructions on slides 21-23; if you are not entering Injectable Drugs/NDC information, continue to slide 24.

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# Line Item Data: Entering An NDC Number



Slide 22

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Within the **Line Item Data** portlet slide 18 titled: **Additional Line Detail Categories**. Click **Drug and Prescription Data**.

## Line Item Data: Entering An NDC Number (continue)

Georgia Health Partnership

Home Provider Information Member Information Directories My Workspace Claims Eligibility

Search Search  Medicaid - PeachCare for Kids

Return to Claims >

Claim Data Insurance Data Line Item Data

Drugs and Prescription Data

National Drug Code	Drug Unit Price \$	Code Qualifier	National Drug Unit Count	Prescription Number	Action
12345678911	\$ 10.00	Unit	30		<a href="#">Add</a> <a href="#">Remove</a>

[Back](#) [Add to Claim and Return to Detail Menu](#) [Add to Claim and Return to Claim Entry](#) \* denotes required field

[Add to Claim and Return to Claim Entry](#)

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Slide 23

Within the **Drug and Prescription Data** portlet:

1. Enter required fields - the NDC with no dashes.
2. Click **Add**.
3. Click **Add to Claim and Return to Claim Entry**.



## Line Item Data: Verification Page

**Line Item Data: Verification Page**

**Line Item Data Entry**

Diagnosis Code: 912.02

Line Item Control Code: [ ]

Place of Service: [ ]

Procedure Code: [ ]

Modifier 1: [ ]

Modifier 2: [ ]

Modifier 3: [ ]

Modifier 4: [ ]

Udd of Service: [ ]

Referring Provider ID: [ ]

From Date of Service: [ ]

Through Date of Service: [ ]

Diagnosis Code Indicator 1: [ ]

Diagnosis Code Indicator 2: [ ]

Diagnosis Code Indicator 3: [ ]

Diagnosis Code Indicator 4: [ ]

Emergency: ☐ Yes ☐ No

Family Planning: ☐ Yes ☐ No

Health Check: ☐ Yes ☐ No

Charge Amount: [ ]

**Summary View Area**

Total Charges: \$ 526.00

Line 1

From Date of Service: 00000000

Udd of Service: 00000000

Referring Provider ID: [ ]

Through Date of Service: [ ]

Diagnosis Code Indicator 1: [ ]

Diagnosis Code Indicator 2: [ ]

Diagnosis Code Indicator 3: [ ]

Diagnosis Code Indicator 4: [ ]

Emergency: [ ]

Family Planning: [ ]

Health Check: [ ]

Charge Amount: \$120.00

Additional Detail from Admin Editor: Yes

**Review Claim**

Slide 24

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Within the **Line Item Data** portlet:

1. Click **Add Line Item.**
2. Click **Add Line Item** for every line you enter before you move to the next page or the line will be lost.
3. Click **Review Claim** once all information has been added.

## Review Claim Tab

**Georgia Health Partnership**

Home | Provider Information | Member Information | Directories | My Workspace | **Claims** | Eligibility

Search: [Search] [GO] Medicaid - PeachCare for Kids

**Claims Data** | Insurance Data | Line Item Data | **Review Claim**

**Member Information**

Patient Account Number: XXXXXXXXXX Member ID: XXXXXXXXXX Date of Birth: 10/25/1989 Gender: M  
Last Name: Doe First Name: Joseph M Suffix:  
Date Of Death: Patient Weight:  
Insured Group or Policy Number: Insured Group Name:

**Practitioner Claim Data**

Billing Provider ID: XXXXXXXXXX-Doctor Signature on File: Yes  
Rendering Provider ID: 000403490 Rendering Medicare ID:  
Referring Provider ID:  
Related Cession Code: Referral Number:  
Prior Authorization Number: Admit Date:  
Facility Provider Number: Discharge Date:  
Supervising Provider ID:

Diagnosis 1: 312.82 Diagnosis 2: Diagnosis 3: Diagnosis 4:  
Diagnosis 5: Diagnosis 6: Diagnosis 7: Diagnosis 8:

Date Of Death: Patient Weight:  
Insured Group or Policy Number: Insured Group Name:  
Insurance Company Name: Medicaid/PeachCare  
Payer Responsibility Sequence Number: Secondary Payer Identifier: 77034  
Additional Detail has been added: No

[Edit Claim Data](#)

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Slide 25

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Review the claim and scroll down to the bottom.

# Submitting Your Completed Claim

**Insurance Information**[Add New Insurance Data](#)

Insurance Company Name: United Health Insurance Company

Insurance Group or Policy Number: XXXXXXXXXX

Insured's Last Name: Doe

Amount Paid: \$45.00

Authorization Number:

Additional Detail has been added: Yes

Insured's Group Name:

Rendering Provider Number:

Insured's First Name: ME Suffix:

Date Insurance Paid/Received: 02/03/2006

Individual Relationship Code: 19 Child

[View Added Payer Detail](#)[Edit Insurance Data](#)

**Detailed Line Items**[Add New Line Item Data](#)

Diagnosis Codes: 312.82

Total Charges: \$126.66

**Line 1**

Line Item Control Number:

Place of Service: Office

Procedure Code: 90904

Modifier 1:

Diagnosis Code Indicator: 312.82

Rendering Provider ID:

Additional Detail has been added: Yes

From Date of Service: 02/09/2006

Through Date of Service: 02/09/2006

Units of Service: 1

Modifier 2:

Referring Provider ID:

Emergency:

Family Planning:

Health Check:

Modifier 4:

Charge Amount: \$120.00

[View Added Line Item Detail](#)[Edit Line Item Data](#)

[Cancel](#)[Go to Top of Page](#)[Submit](#)

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Click **Submit** if all information is accurate.

## CMS 1500 Claim: Confirmation

Thank you for your participation in the Medicaid/PeachCare for Kids Program. Your claim has been received. The Transaction Control Number for your claim is: 60910020230452356

Please review the claim status information listed below. You may also obtain claim status information through the Claim Status Inquiry area of this web site, or click the "Contact Us" feature in the upper right-hand corner of this page, or call the Customer Interaction Center (CIC) at (404) 298-1228 or (800) 766-4456.

You may wish to print this screen for your records.

Claim TCN Number

Payment Amount	Status	Exception Codes
\$ 0.00	To be Denied	<a href="#">3348</a> <a href="#">3348</a> <a href="#">2750</a> <a href="#">4361</a> <a href="#">4361</a> <a href="#">5016</a> <a href="#">5016</a>

Exception Codes

Member Information

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Slide 27

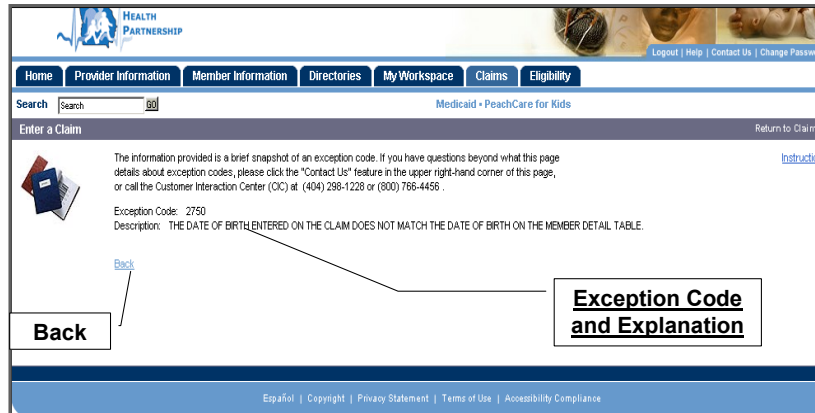
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The confirmation page contains:

- The claim Transaction Control Number TCN.
- Claim status information exception codes if applicable.
- Contact information for clarity on status.

To understand the exceptions that have caused any problems with your submitted claim, click **Exception Code(s)** to see their definitions.

# Exception Code and Explanation Page



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Under the **Exception Code and Explanation** page, click **Back** to compare the data you've entered with the patient data you have hard copy.

## Example

For exception code 2750, the explanation is that the DOB entered on the claim does not match the member's information stored in MHN.

## In Summary

From this claim you are now able to:

- ☐ Understand the Medicare Process
- ☐ Add the Claim Data from your EOMB Claim
- ☐ Add Insurance Data to Include: Payer Identifier to your Claim
- ☐ Add Line Item Details
- ☐ Submit your Claim on the Web
- ☐ Review your Claim and Exception Codes

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